**SUBSTITUTE REQUEST FORM**

|  |  |
| --- | --- |
| Date: |  |

|  |  |
| --- | --- |
| Teacher name: |  |

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| --- | --- | --- |
| Date when substitute is needed: |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | HALF DAY | |  |  | FULL DAY |
|  |  |  |  |  |  |  |
|  |  |  | AM |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | PM |  |  |  |
|  |  |  |  |  |  |  |

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| --- | --- |
| ✓ |  |
|  | LEAVE CARD FILLED OUT AND SIGNED |

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| Special requests: |

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| THIS FORM MUST BE COMPLETED AND TURNED IN TO **JENNIFER ERICKSON** AT THE **FIENBERG** **OFFICE** AT LEAST 24 HOURS IN ADVANCE. |